

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12525</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <u>Becky</u> <u>M Strzechowski</u> P.O. Box, Bldg., Room No., if any Street <u>5940 West Montrose Avenue</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60634-1628</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No. 727</u> Labor Organization File Number <u>034-268</u> P.O. Box, Building and Room Number, if any Street <u>5940 West Montrose Avenue</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60634-1628</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Becky M. Strzechowski

On

8/15/2005

Date

(773) 685-0340

Telephone Number

Name of Person Filing Becky Strzechowski	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Segall Bryant & Hamill</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 3500</p> <p>Street 10 S. Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606-7407</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Teamsters Local Union No. 727 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5940 West Montrose Avenue</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60634-1628</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager</p>
	<p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Meal on 12/1/04</p>
	<p>12.b. Amount. \$163</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name ASB Capital Management Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 310</p> <p>Street 1919 M Street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>14.a. Nature of payment</p> <p>Meal on 8/11/04</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment \$97</p>

Name of Person Filing Becky Strzechowski

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Jacobs, Burns, Orlove, Stanton & Hernandez

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1720

Street 122 S. Michigan Avenue

Cty Chicago

State Illinois ZIP Code + 4 60603-6145

9. Business deals with

☒ a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Local 727 Benefit Funds

Trade Name if any:

P.O. Box, Bldg., Room No., if any

Street 5940 West Montrose Avenue

City Chicago

State Illinois ZIP Code + 4 60634-1628

11.a. Nature of such dealing.

Legal Services

11.b. Approximate dollar value of such dealing. Unknown

12.a. Nature of interest held or income received.

Meal on 11/29/04
Christmas box of chocolates

12.b. Amount. \$199

Name of Person Filing Becky Strzechowski

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BlueCross BlueShield of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, B dg., Room No., if any</p> <p>Street 300 East Randolph Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601-5099</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name Teamsters Local 727 Health and Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5940 West Montrose Avenue</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60634-1628</p>	<p>11.a. Nature of such dealing.</p> <p>PPO Network Provider</p>
	<p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Meal on 5/17/04</p> <p>12.b. Amount. \$133</p>

Becky Strzechowski
File number U-
Ending reporting period 12/31/04

Attachment applicable to Item 15

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

Becky M. Strzechowski 8/15/2005
Signature Date